U.S. Department of Justice
United States Marshals Service

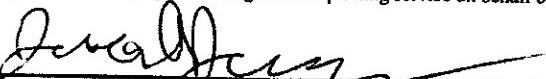# PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
Jason Adam Jensen	6:22-cv-03140-BCW

DEFENDANT	TYPE OF PROCESS
State of Missouri	SUMMONS AND COMPLAINT

SERVE AT {

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MISSOURI GOVERNOR MICHAEL A PARSON

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
Capitol Building Room 218, P.O. Box 720 Jefferson City, MO 65102

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
CLERK OF COURT 222 N. John Q. Hammons Parkway Springfield, MO 65806	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

SERVE GOVERNOR OF MISSOURI ASAP; BY ORDER OF COURT - IFP; Additional Copy:
Jason A Jensen
2186 Jackson Keller Rd, STE 1097
San Antonio, TX 78213

Signature of Attorney other Originator requesting service on behalf of:	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER 402-598-1285	DATE 12/17/2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk		Date

I hereby certify and return that I ☐ have personally served , ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*	Date	Time	☐ am ☐ pm
Address *(complete only different than shown above)*	Signature of U.S. Marshal or Deputy		

Costs shown on attached USMS Cost Sheet >>

REMARKS

Form USM-285
Rev. 03/21